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APPLICANTS

Volker Kuhnel, Mannedorf, SWITZERLAND;
Andreas Von Buol, Zurich, SWITZERLAND;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/18/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and
Acknowledged

Examiner's Signature Initials

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TITLE

METHOD FOR INDIVIDUALIZING A HEARING AID

FILING FEE RECEIVED 1720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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